

**Testimony to House Committee on International Relations  
Subcommittee on Africa, Global Human and International Operations**

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Executive Director, Center for Victims of Torture

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Thank you for the opportunity to testify before you today and for the committee's consideration of the reauthorization of the Torture Victims' Relief Act.

**Torture: A Political Weapon**

There is an increasingly and misguided view that torture's purpose is to gain useful information. Twenty years of working with torture survivors and studying the systems that produce them proves that this is not so. Torture is fundamentally a political weapon used by repressive regimes to shape cultures through fear. Repressive regimes target the leadership of the opposition to destroy emerging movements that may threaten a corrupt regime's hold on power. They use torture to send fear through that leader's family and community of followers and admirers. They destroy leaders and send them back to their communities, broken and depressed, as an example to others. Most of our clients tell us that they said anything their torturer wanted them to say to make the pain stop.

For this reason, torture is the most effective weapon against democracy. The impact of torture will be felt for years, even after a dictatorial regime has fallen: leadership broken and lost, families and communities too frightened to engage in public life; and a profound lack of trust in public institutions, the police and courts. As our nation spreads messages of freedom and democracy, we would all do well to understand and to heal the legacy of torture, or our efforts to build democratic institutions will fail.

**TVRA: Overcoming Torture's Legacy**

We believe that the original sponsors of the TVRA understood this connection and sought a new tool to help build democratic cultures, through the strategic investment in torture rehabilitation programs across the globe. The funding of TVRA was always too modest to provide care for even a small fraction of the total number of torture survivors. The need is tremendous and the resources are simply too limited. Rather, Congress saw the need to assist those already working in the field of torture rehabilitation to build capacity and expertise, rather than create new organizations with no experience. This investment would allow treatment centers to develop stability, attract highly qualified people and build their knowledge base so they become experts in the emerging field. With capacity and expertise, these centers could broaden their approach to torture treatment and prevention, including training mainstream providers, tailoring their program to the culture and circumstances under which they operate, and developing innovative new and effective approaches to ending torture, one of the world's most egregious human rights abuses.



Foreign treatment centers face many challenges. But those with TVRA support that have obtained some level of organizational stability and expertise are showing innovation and results that leverage TVRA in exactly the way Congress intended. So while I'll discuss some of the barriers we face, I offer several examples that provide a window to the potential impact of TVRA when used strategically to invest in torture treatment centers. Later I will briefly discuss how this same strategy could be used to leverage TVRA funds domestically.

### **Foreign Treatment Centers: Lessons Learned**

First, establishing and sustaining foreign treatment centers is as difficult as it is necessary. In countries where torture is or has been practiced, the governments would prefer not to have a treatment center, as this means health professionals and human rights activists are confirming that torture is practiced. With rare exception, the host government is unlikely to provide any financial support to indigenous treatment centers, even though they are obligated to do so under the Convention Against Torture. It may even consider the center and its clients as a threat to its national security and therefore attempt to suppress or close it.

TVRA support through USAID and the UN Voluntary Fund for Victims of Torture is a critical political, moral and financial pillar to these treatment centers.

Secondly, we have learned that the TVRA funding plays a significant role in torture prevention. The centers we work with overseas are usually prominent in the human rights movement in their respective countries. Often the services they provide extend well beyond torture rehabilitation to include forensic documentation, written and verbal testimony to courts and legislatures, advocacy for the rights of brutalized ethnic, religious, and minority groups, and organizing the public, such as events to commemorate June 26<sup>th</sup>, the UN International Day in Support of Victims of Torture.

CVT's partner center in Kenya, for example, the Independent Medico Legal Unit, known as IMLU, provides information to the parliament about the incidence of torture in that country's police stations and prisons and forensic evidence to its courts. In turn, the opposition uses the information to challenge the Government to improve its human rights record. This example illuminates the quality of the services IMLU is providing, and also the fact that torture treatment centers can become allies of democratic governments, not just adversaries of dictatorships.

Let me also point out that we always believed that additional U.S. support for the UN Voluntary Fund for Victims of Torture would leverage new funding from other nations. And we have begun to see that happen. This year, as the U.S. increased its support from \$5.4 million to \$6.9 million, other nations stepped forward with larger gifts as well – among them the Netherlands, Norway, Spain and Italy. We hope Congress will continue its strong support for the Fund by authorizing and appropriating an \$8 million contribution to the Fund in 2006.



Torture treatment centers that have been supported long enough to build expertise and capacity are developing innovative approaches to provide care under difficult circumstances.

For example, the Treatment and Rehabilitation Center for Victims of Torture (TRC) in Palestine developed a highly creative way to use mobile phones to monitor the safety of their field workers and provide care to clients. Due to the volatile situation, curfews and closures and TRC's own intensive fieldwork, therapists often find it impossible to physically visit their clients and vice versa. Using mobile phone networking has proven to be a very successful tactic in ensuring both staff safety and TRC's ability to reach clients to provide essential and cost-effective services.

Other treatment centers are leveraging a relatively small amount of money and preventing torture.

The Centre for Victims of Torture (CVICT) in Nepal, a former recipient of USAID funding, created community mediation as an alternative and adjunct to the criminal justice system. This keeps many people from being needlessly arrested and brought to police stations, where 60 percent of prisoners are tortured into giving confessions. The mediation process enables further investigation or legal action as necessary, including the ability to file a case on behalf of one of the parties. This mediation system is improving community access to justice in the three districts where it has been carried out, and CVICT has been asked to expand the project to twelve districts. That means one-third of the country's population will have access to it – and countless incidents of torture will be prevented.

IMLU, CVICT, and TRC all provided training in the development and use of their tactical innovations at the New Tactics in Human Rights International Symposium CVT sponsored in Ankara, Turkey, in September 2004.

CVT is dedicated to documenting its lessons learned, and sharing that knowledge with other organizations in the US, with our overseas partners, and with our donors. With TVRA support, CVT has initiated a long-term research study to explore the effectiveness of various types of torture treatment strategies across populations, cultures and contexts. This ambitious study is one that has been long advocated for by both CVT's partner centers abroad and donor agencies and should, in time, result in improved interventions that maximize U.S. taxpayer dollars.

### **Challenges**

While much good has been done overseas with TVRA support, several challenges remain. There are many areas of the world where torture survivors have little or no access to treatment services, including several countries of the former Soviet Union, such as Uzbekistan; most countries in the Middle East, including Afghanistan and Iraq; and many countries in Africa. I would add that of the top 10 countries of origin of CVT's clients in Minnesota, eight of those countries are in Africa. Through work with the State Department's Bureau of Population, Refugees and Migration, CVT has developed



new methods to create targeted resources for torture victims in West Africa, but no viable strategy has yet emerged from TVRA funding to apply the most knowledgeable resources in the field to create new centers in targeted countries.

And there are other barriers to TVRA's effectiveness. The primary barrier is the tendency among large institutional donors such as the U.S. government, European governments and the UN to assume that it is better to spend \$10,000 to treat 1,000 people broadly defined as war traumatized, rather than spending that same \$10,000 to treat 100 people who have been tortured because it somehow represents "more bang for the buck." But there are problems with this reasoning.

First, this approach to development assistance encourages NGOs to do only the minimum necessary to get State Department or USAID funding. Rather, there should be an emphasis on developing an in-house wealth of knowledge that can be shared with the donor, contributing to the worldwide torture treatment and prevention movement, and leaving behind well-established indigenous capability in the country of program implementation. Many of the more broad scale psychosocial programs have little support in the research literature for effectiveness.

And as a donor nation, the U.S. government deprives itself of the opportunity to do serious, clinically-based good and the chance to learn what really works in the field.

By my calculation, less than 40 percent of earmarked TVRA funds channeled through USAID since 2001 have been spent on programming that is, to use the legislation's own language, "in the form of grants to treatment centers and programs in foreign countries that are carrying out projects or activities specifically designed to treat victims of torture for the physical and psychological effects of the torture." That intent was further clarified, for example, by the House Committee on Appropriations in 2003, which stated "Supporting treatment centers as permanent national institutions is the best way of providing treatment services to victims of torture and advocating for the elimination of torture globally." Congress has continued to affirm that, as with any disease, providing the cure as well as the prevention is essential. We at CVT think indigenous treatment centers for victims of torture are the most effective way to accomplish both objectives. While I believe this percentage is increasing, we do have some way to go before we can legitimately say that all money is being used in accordance with the intent of the Congress.

Finally, USAID's requirement that agencies implementing programming overseas with their funds obtain a 25 percent non-US government match is a significant barrier to entry for organizations with expertise in the field of torture treatment and prevention, the vast majority of which are small. CVT, with an annual budget of roughly \$7 million, is one of the largest, yet we are dwarfed by other International NGOs that provide more general emergency response, refugee and development services. We believe there are more than enough of these generalist agencies, and strongly believe it important we focus on torture treatment and prevention. If this barrier was reduced, eliminated, or at least temporarily



waived for a certain period of time for organizations below a certain size, that would help all of us to focus on the work of expanding services and knowledge about torture.

### **Domestic Challenges**

This problem of trying to distribute a small amount of money as widely as possible also beleaguers the use of TVRA funding domestically. With TVRA, Congress intended to strengthen key regional treatment centers – where knowledge could be created and leveraged into projects that would influence health care, human service and political systems within their spheres of influence and operation. The bill does not fund, for example, torture victims but rather specialized torture treatment programs.

Although the Office of Refugee Resettlement understood many of these concepts, there was a decision early on to encourage programs in many Congressional districts rather than to concentrate funding into those centers most likely to create knowledge and expertise in the field. Groups completely new to the field with no previous experience received grants similar to those who had been laboring in the field as their primary mission of many years. Thus those most likely to have become the training and research institutions needed to build expertise in the field were under-resourced, and had to spend part of those resources training and supporting new organizations. Nonetheless in those first four years of funding, substantial capacity was built at the funded programs. Clinical expertise was developed, treatment capacity was created, and organizational infrastructures were built.

Last year, however, ORR moved significantly away from the priorities it had established in 2000. Twenty-six projects were funded, including 8 new projects. Six projects that had received previous support were not renewed. Of those 6 unfunded programs, 2 closed their operations immediately; the remainder scaled back their operations substantially. (I note that the two that closed their programs had no previous experience in the field, whereas those that scaled back but continued were organizations or providers with a prior commitment to the care of torture survivors.) And we witnessed a new phenomenon in ORR's funding program: support for governmental entities, which was never contemplated by authors of the TVRA.

Of course ORR must operate a competitive grant-making program, and grant-seekers have an obligation to prepare competitive proposals. But it is also important to understand the consequences of not renewing a grant to an established organization. Clinical and organizational capacity that had been established were lost. Torture victims who had been receiving care have nowhere else to turn. And the notion of investing millions of dollars into programs or organizations over three to four years, only to eliminate that funding and cause the program to shut down or dramatically scale back their operations by laying off trained staff, seems like an unwise use of federal resources.

We hope that in the future, ORR will give greater weight to experience in caring for torture survivors when developing review criteria for grants made possible with TVRA funding. We also hope that ORR will resist the urge to reach as many Congressional districts as possible with its limited funds, and return to the original intent of investing in



a more limited number of centers and programs. And at least until significant new funding is appropriated, we hope ORR will not give additional weight to proposals that come from regions of the country that are without existing treatment centers.

### **Closing**

I would like to leave you with two final examples to illustrate how TVRA financial support can be leveraged to do much more to treat and prevent torture when it is invested strategically and funded over the long term.

Recently, CVT was awarded a grant from a Minnesota-based foundation to train mainstream providers in one Minnesota community with a significant number of torture victims, including children who were soldiers in their home countries. Currently, the schools, social service agencies and health care providers are overwhelmed with the needs of a highly traumatized population. CVT will provide specialized training and help those providers build a self-sustaining network to give the care and services needed. We are able to do this because of the base of knowledge gained through our direct care to torture survivors, supported by TVRA.

In Bulgaria, the Assistance Centre for Torture Survivors is using its expertise to build and leverage collaborative partnerships for torture prevention training for police officers. The program creates a pool of trained officers who are in turn able to train their colleagues when they return to their own regional police directorates. The training is pragmatic, fostering changes in attitudes and behavior, while giving police organizations and management the knowledge to successfully train their colleagues.

Our understanding of torture treatment and prevention is still new and there is much to learn. Our international work, primarily supported with TVRA funding, is teaching us a great deal about torture, its effects on individuals and societies, creative ways to expose and prevent its occurrence, and how, in the absence of a controlled clinical environment and stable society, one might best help torture survivors in their own countries. And what we learn overseas also enhances our effectiveness in healing the wounds of torture survivors we treat in Minneapolis and St. Paul.

As you consider reauthorization of TVRA, I hope you will keep in mind that torture treatment centers like CVICT in Nepal, IMLU in Kenya, and the Assistance Centre for Torture Survivors in Bulgaria are leveraging a relatively small amount of financial support in creative and effective ways to heal the wounds of torture and prevent torture. I believe this is the intent, and I hope it will be the legacy, of the Torture Victims Relief Act.

Thank you for your attention and your support.